

PROVIDERS:

Robert H Friedman, MD
Nancy E Greenwald, MD
Christian G Gussner, MD
Mark J Harris, MD
Monte H Moore, MD
Barbara E Quattrone, MD
Michael O Sant, MD
Robert A Pollmann, PA
Marshall E Gardner, PA-C

August 2, 2010

State of Idaho
Pharmacy & Therapeutics Committee
3232 Elder Street
Boise, ID 83705

To Whom It May Concern:

SPECIALTY SERVICES:

Pain & Physical Medicine
Fluoroscopic Spine Injections
Epidural Steroid Injections
Nerve Blocks
Radiofrequency Ablation
Spinal Cord Stimulation
Trigger Point Injections
Intrathecal Pumps
Musculoskeletal Disorders
Prosthetics / Orthotics
Botulinum Injections
Medication Management
Acupuncture

Electrodiagnostic Medicine
Nerve Conduction Study
Electromyography (EMG)

Occupational Medicine
Workers Compensation Injuries
Independent Medical Exams
Impairment Ratings

Rehabilitation
Inpatient / Outpatient
Stroke
Orthopedic
Traumatic Brain Injury
Spinal Cord Injury
Spasticity Management
Pediatrics
Muscular Dystrophy Clinic

MAILING ADDRESS:

PO Box 1128
Boise, ID 83701-1128

www.idahopmr.com

We the undersigned request that prior authorizations be dropped for specialists. The rationale being these same patients have already tried generic medications prescribed by their primary care physicians without results. Celebrex provides a number of advantages for the aspirin patients, peri-operative patients, patients with tolerability issues and patient's with major GI issues.

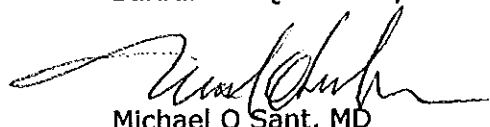
Given that prior authorizations cost time and money for both the specialty office and Medicaid we would like to request that you remove this barrier.

Sincerely,


Robert H. Friedman, MD


Monte H. Moore, MD


Barbara E. Quattrone, MD


Michael O Sant, MD


Marshall E. Gardner, PA-C

Nancy E. Greenwald, MD


Chris G. Gussner, MD


Mark J. Harris, MD

Robert A. Pollmann, PA-C

Idaho Medicaid
3232 Elder Street
Boise, ID 83705

August 12, 2010

Dear Idaho Medicaid P&T Committee,

Treatment of inflammatory bowel disease can be challenging and difficult. Choice of treatment agents is often difficult and dependent on many factors, including but not limited to the patient's disease state, response to prior medications, administration factors and cost. As a prescribing physician, I want the ability to choose the best agent for my patient and their specific needs. I support open access to the entire range of biologic agents for the treatment of inflammatory bowel disease.

Thank you for your consideration in this matter.

Sincerely,



Bonnie Kim Waite, M.D.



Deric V. Ravsten D.O.
Diplomate in Psychiatry, ABPN
1777 E. Clark Suite 210, Pocatello, Idaho 83201 Phone 208.233.LIFE (5433), Fax 877.284.2783
www.lifechangeassociates.net

August 12, 2010

RE: Review of Atypical Medications

To Idaho Medicaid P & T Committee,

I strongly urge the P and T committee to consider a psychotropic drug formulary based on physician or medical provider training. That is to say, that there be limited access to all psychotropic agents, such as new, expensive or complicated agents (eg. Fanapt, Abilify & Clozaril, respectively) for Medicaid patients if the patient is not being seen by a psychiatrist.

Managed care organizations, states, and other countries, including New Zealand where I have worked, have a restricted formulary for primary care providers (to include mid-level providers) and non-psychiatric specialists, to ensure that the use of psychotropic agents are appropriately utilized. This makes sense in terms of quality of care and cost containment.

Specifics would include something like access to four to five antidepressants, a few antimanic agents and two to three atypical antipsychotic agents, etc. Beyond that, consultation about the medication management and diagnostic clarification would be required for Medicaid patients to have access to other non-primary care formulary agents and/or psychotropic agents. Furthermore, for psychiatrists an open formulary would remain in effect but with a very, very simple statement from the psychiatrist justifying off-label usage and/or higher than recommended dosage, etc. Those statements and reasons for usage would then be reviewed by an impartial PSYCHIATRIST (meaning a psychiatrist well versed in the literature AND clinical care decision-making in the real world of clinical care and one who is not influenced by Medicaid cost containment incentives) who would assess these justification statements as part of the utilization review process.

I would enjoy having the opportunity to discuss the details of this type of program, based on my experience with the health care system in New Zealand and how it might work in Idaho, upon invitation from the P and T committee.

Sincerely,

A handwritten signature in black ink, appearing to read "Deric V. Ravsten".

Deric V. Ravsten, D.O.



Omega Health Services

August 9, 2010

Dear Tamara Eide:

Thank you for your work with Medicaid and providing help to the many mental health patients in the state. Mental health issues are diverse and require individualized treatment to help each person be as productive as possible. My goal as a nurse practitioner in mental health is to keep people out of expensive state institutions and able to care for themselves.

No one medication is a panacea for all mental health patients. As you know we are still learning much about the brain, its transmitters and where each produces their effect. I have had success with every psychotropic medication when every other has failed. Fanapt is a good example being one of the newest medications for mental illness. I have patients who have "failed" everything else and Famapt has been the miracle they hoped for. We need a variety of medications available to treat our patients.

Please keep the psychotropic class open so we can treat each patient as an individual and help them be as productive and successful as possible.

If you have any questions please feel free to contact me.

Sincerely,

Janet Strong FNP

Psychiatric Services, PA

Mason Robison
M.D. L.F.A.P.A.

493 Eastland; P.O. Box 47
Twin Falls, ID 83303

Barbara Robison
DSc, MSN, APRN, BC
(Clinical Nurse Specialist)

Bus: 208-732-0995
Fax: 208-732-0993

August 16, 2010

Matthew Jolley
M.D.

Tami Eide, PharmD
Department of Health & Welfare
P.O. Box 83720
Boise, ID 83720

Dear Tami:

Please consider the following during your committee review of antipsychotics:

1. Geodon is preferred because of its favorable metabolic profile
2. Loading doses of Zyprexa presents many hospitalizations for Bipolar patients
3. Abilify for depression augmentation, is not a first line drug and should be used for drug resistant major depressions only
4. I want to be cost containment friendly, but Risperdal is my least preferred due to the most side effects, especially EPS.

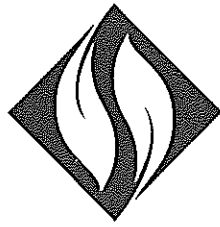
Thank you for your consideration. If you have questions or if I can be of further assistance feel free to call me at 208-732-0995.

Sincerely,

Mason Robison, MD
Mason Robison, MD
L.F.A.P.A.

CC: Jane Gennrich, PharmD

MR:cdh



SALTZER

MEDICAL GROUP

4400 E. Flamingo Ave. • Nampa, Idaho 83687 • (208) 288-4970

Pharmacy & Therapeutics Committee
3232 Elder Street
Boise ID 83705

August 13, 2010

Dear Dr. Eide,

I am writing to you today to discuss the importance of Humira in my practice. Humira has been a significant improvement in the armetarium I have for my patients with psoriasis and psoriatic arthritis. Prior to this we had to use fairly toxic drugs including Methotrexate and Cyclosporins for severe psoriasis. Due to the significant side effects and complications associated with these medications when Humira became FDA approved for severe psoriasis it greatly helped in the treatment of our psoriasis and psoriatic arthritis patients. I feel that Humira should remain in a preferred position because of this on Idaho Medicaid. Due to the risks of the other medications and the low side effect profile of this medication as well as it's efficacy it is by far one of my primary choices now for treatment of severe psoriasis. If you have any further questions or feel you need to contact me, I would be happy to speak with you on the phone.

Disclosures: I have in no way received any compensation, gratuities, or grants or have any affiliation with the drug manufacturer of Humira or a related group. I am writing on my own behalf as to the importance of this medication in the treatment of my patients with psoriasis who are on Medicaid.

Thank you for your considerations,

Ryan S. Owsley M.D. F.A.A.D.

Diplomat of the American Board of Dermatology

August 12, 2010

Pharmacy & Therapeutics Committee
3232 Elder Street
Boise, Idaho 83705

To Members of the Pharmacy and Therapeutics Committee:

On behalf of the Arthritis Foundation, I am writing to share our comments regarding proposals that may restrict access to prescription drug therapies for persons with arthritis. It is my understanding that your committee is undertaking a review of the certain prescription drug therapies to determine the status of these products on the Idaho Medicaid formulary.

Arthritis is a painful and physically debilitating chronic disease. To reduce pain and disability, individuals with arthritis require access to comprehensive health care that can include preventive care, self-management programs, surgical interventions, rehabilitation services, and prescription drug, biological and medical device therapies. In view of the critical roles these elements play in confronting the social and economic burdens of arthritis, the Foundation is committed to improving access to health care for all Americans.

Moreover, because increasing numbers of individuals are living many years with chronic diseases such as arthritis, it is essential that Americans have access to medications that can alleviate symptoms, modify disease and prevent disability. Timely and appropriate use of these interventions has been demonstrated to reduce both the direct and indirect costs of arthritis. As a result, pharmaceutical and biological therapies are playing an increasingly important role in our health care system. This accelerating development presents many challenges to available resources while holding the promise of both societal and individual benefits.

Because each of these therapies work for some patients and not others, the Foundation believes that health care providers and persons with arthritis must be allowed to make decisions on the most appropriate therapies to treat the disease. We urge you to take this into account as you make your decisions. Thank you for your consideration.

Sincerely,



Lisa B. Fall
President and CEO
Utah/Idaho Chapter

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